



**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL**

Tobacco Enforcement Section
15th Floor Strawberry Square
Harrisburg, PA 17120
Phone: (717) 783-1794

PENNSYLVANIA TOBACCO PRODUCT MANUFACTURER CERTIFICATION FORM

Print or type - Complete all applicable fields or indicate N/A. DO NOT LEAVE ANY FIELDS BLANK.

If the Tobacco Product Manufacturer identified below is, as of the date of this Certification:

- a Participating Manufacturer (“PM”), complete parts 1, 2A, 2C & 4.
- a Non-Participating Manufacturer (“NPM”), complete entire form except 2A.

Part 1: Tobacco Product Manufacturer Identification

Company Name			
Address			
City	State	Zip Code	Country
Mailing Address (if different than above)			
Telephone Number	Fax Number	Email Address	Web Address
Physical Address where cigarettes are made, if different than above*			Name of Plant Manager

If multiple locations are used, on a separate sheet list which brands are manufactured at each facility.

This form is (check one):

Initial Certification (Manufacturer has not previously sold in Pennsylvania)

Annual Certification (due April 30, 2004 for Pennsylvania sales in 2003)

Supplemental Certification (changes to information on forms – also to be used for quarterly certification)

Part 2: Brand Family Identification: (attach additional sheets if necessary)

Section A. Participating Manufacturers

List your brand families on the following table:

Brand Families	Brand Families	Brand Families

Section B. Non-Participating Manufacturers

- Complete the following tables with information on your 2003 sales and your current sales.
- If not already provided to this office, provide Sample Packages or color photos showing all sides of the pack for the brand families identified.
- If you are not the trademark holder of any of the brand families, provide the name, address and phone number of the trademark holder on a separate sheet of paper.

2003 SALES (January 01-December 31, 2003)

List your brand families and the number of sticks that were sold into Pennsylvania in 2003. If you were not the sole manufacturer of the brand family, provide the name & address of every other manufacturer.

Brand Family ¹	Units Sold	Name & Address of any other manufacturer(s)
<i>Total Units Sold</i>		

¹. Indicate with an asterisk (*) those brands previously sold that are not being sold in 2004.

CURRENT SALES

List your brand families currently sold in Pennsylvania, if any, that are different than those listed above. In addition, if you were not the sole manufacturer of the brand family, provide the name and address of every other manufacturer:

Brand Family	Units Sold ¹	Name & Address of any other manufacturer(s)

1. Indicate number of sticks sold in most recent calendar quarter

Section C. Participating and Non-Participating Manufacturers

ADDITIONAL BRANDS TO BE CERTIFIED

List new brand families not previously sold in Pennsylvania that you would like to have added to the Directory.

Brand Family	Name & Address of any other manufacturer(s)

Part 3: Registered Agent & Escrow Account Information (NPMs Only)

Section A. Registered Agent/Approved Agent for Service of Process

The undersigned certifies that the above-named Tobacco Product Manufacturer (check one):

is registered to do business in the Commonwealth of Pennsylvania.

has appointed a resident agent for service of process in the Commonwealth of Pennsylvania.

Resident Agent/Company Name			Date of Appointment
Address	City	State	Zip Code
Telephone Number		Fax Number	

You must attach proof of the appointment and availability of the agent.

Section B. Qualified Escrow Fund - Financial Institution

Name of Institution	
Address	City State Zip Code
Authorized Representative Name/Title	
Telephone Number	Fax Number
Email Address	Web Address
Escrow Account Number	Pennsylvania Sub-Account Number (if applicable)
Amount Deposited *	Date Deposited

* Use .0194953 to calculate the appropriate deposit amount per cigarette sold in Pennsylvania in 2003. See instructions.

You must attach proof of deposit verifying the amount shown above.

If not previously provided, attach a fully executed copy of the current Qualified Escrow Agreement and any amendments or attachments.

Section C. Escrow Fund Deposit/Withdrawal History for Pennsylvania

Provide the escrow deposit/withdrawal history. Attach proof of the current balance of the escrow account as provided by the escrow agent.

Date	Deposit	Withdrawal*	Balance
	Total:	Total:	Total:

**Any withdrawals must comply with 35 P.S. §5674.*

Part 4: Execution by Corporate Officer or Director

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the Commonwealth of Pennsylvania or of the jurisdiction where the manufacturer resides or is organized. **I understand that any violation of the requirements of the Tobacco Product Manufacturers Directory Act or the Tobacco Settlement Agreement Act of 2000 is a basis for removal of the manufacturer's Brand Families from the directory.**

I hereby certify under penalty of perjury that the Tobacco Product Manufacturer identified in Part 1 is (check one)

_____ - a Participating Manufacturer under the Master Settlement Agreement.

_____ - a Non-participating manufacturer in full compliance with the Tobacco Settlement Agreement Act; that it is registered to do business in the Commonwealth (or has appointed a resident agent for service of process), that has established and maintained a qualified escrow fund, and that has executed a qualified escrow agreement approved by the Attorney General.

Signature of Officer or Director: _____ Date: _____

Print Name: _____ Title: _____

Complete this certification form and mail to the following address:

Commonwealth of Pennsylvania
Office of Attorney General
Tobacco Enforcement Section
Attn: Kenneth W. Bateman
15th Floor Strawberry Square
Harrisburg, PA 17120

Acceptance of this certification by the Commonwealth does not waive any rights to enforce the provisions of the Tobacco Settlement Agreement Act (TSAA), 35 P.S. § 5671 et seq.